**Introduction**

Parents are most often the first to identify their child's relational difficulties and language delay. They also want to be better informed about autism spectrum disorders (Osborne and Reed, 2008). The GP is always in the front line to receive their concerns, detect possible developmental abnormalities, relational difficulties and language delays. However, 81% of GPs surveyed in 2012 in the Reunion Island department underestimated or ignored the prevalence of autism spectrum disorders (Cressens, 2015). In the same study, screening tools such as the Modified Check List for Autism in Toddler (M-CHAT) (Diana L et al., 2001) were used by only 3.5% of physicians surveyed.

The French recommendations for a good practice in autism spectrum disorders in children and adolescents for physicians are precise (HAS and ANEMS, 2012): involve the child or adolescent and his or her parents and pay attention to siblings, asses development’s regular evaluation, link the evaluation and development of the personalized project, intervene early in a comprehensive and coordinated manner, supervise drug prescriptions.

French GPs see all children between 2.3 and 3.4 times a year depending on their age (Griot, 1998). So, they also see children who attend an autism spectrum disorder. However, no studies related to representations were found. In this context, the research question of Eva Marengo-Sorli's thesis (Marengo Sorli, 2014) prior to the applicability of these French recommendations was posed: how do general practitioners consider their role with children with autism spectrum disorders? Our objective was to understand, based on the exploration of the GPs' lived experience, what were their representations of autism , how they detected autistic children and what was their role in care .

**Methodology**

We carried out a qualitative study with data collection by concerned groups of GPs and analysis by anchored theorization supplemented by phenomenon-pragmatic analysis. This approach was justified by the objective of exploring the lived experience of physicians.

*Recruitment*

The first attempt to recruit the researcher by telephone (EMS) failed, many physicians told us that they were not concerned about the subject. The concerned groups were finally formed from members of existing independent GP practice analysis groups, selected from three different departments in Languedoc-Roussillon, (Hérault, department of southern France) by the facilitator and researcher (BC). Participants were selected to obtain a maximum variation in experience and mid-year. All of them were volunteers. There was no funding.

We did not consider it necessary for an ethics council to agree to carry out this work because it does not concern biomedical drug research (French article L. 1123-7 of the French Public Health Code).